

INDEPENDENT REVIEWERS OF TEXAS, INC.

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[Date notice sent to all parties]:

07/05/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: In clinic lumbar trigger injection under ultrasound guidance

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

No clinical notes were submitted. Patient is a XX-year-old female.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

On XX/XX/XX, a utilization review determination letter stated the requested lumbar trigger point injection under ultrasound guidance was non-certified, and utilized Official Disability Guidelines as a reference source. It was noted that there are insufficient physical examination findings to support the request. The clinical documentation failed to clearly show circumscribed trigger points with evidence of a palpable twitch response and referred pain on exam. The request was non-certified.

On XX/XX/XX, a utilization review report stated that the lumbar trigger point

injection under ultrasound guidance, was non-certified, using Official Disability Guidelines criteria.

No clinical notes were submitted for this review. There is lack of documentation of palpable trigger points with twitch response and referred pain.

As opinion this reviewer the request for in in clinic lumbar trigger injection under ultrasound guidance is not medically necessary and the prior denials are upheld.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR
OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN
ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**